

# **Expenditure/Participant Services Level Plan Instructions**

## **GENERAL**

The form attached gathers information for both the expenditure and participant service levels for each two year period of the contract. The form must be completed and submitted to the DWS Contract Manager by January 31, 2006 for the first two years of the contract, and by January 1, 2008 for the second two years of the contract. The information may be submitted on an excel spreadsheet or electronically, as long as the same format is used.

The information requested gathers projected data on a monthly basis for expected program activity. The intent is to have agencies link their program operations and expenditures more closely, and stay within the contract budget.

The form is required as part of the W-2 Contract and also must be re-submitted with each future Plan Modification. The information will be used to assist in monitoring program activity on your contract.

## **FINANCIAL DATA**

The financial information should reflect total projected costs for each period. The amounts would also include subcontract costs. Insert the planned levels of costs into the column for each month, by contract line (if applicable to the program type). For incentive-based contracts, include the incentive amounts in the program lines as if they were earned.

Administrative Costs – in accordance with section 26.9 of the contract.

Service Costs – all other allowable costs for service to participants.

Benefit Costs – in accordance with 26.6 of the contract

Other funds – All costs funded by other funding sources, regardless of type of cost.

Columns and rows should total across and down. The sum of the total column for the two years for Administrative, Services and Benefit costs should equal the total for the two years of the contract by line. The 'Other Funds' line should reflect county or other funds used in support of the program efforts but that are NOT charged to the contract. The TOTAL PROGRAM COST will reflect the actual total costs to run the program in the geographic area.

## **PARTICIPANT SERVICES DATA**

The numbers in these fields should represent total anticipated caseload served during the month for the W-2 program, broken out by type of case:

Community Service Jobs (CSJ) including prorated CSJs,

W-2 Transition (W-2T),

Trial Jobs,

Custodial Parent of an Infant (CMC), and

Unpaid cases including:

Case Management for Individuals Working in Unsubsidized Employment (CMU);

Employed Individuals Previously Assigned to a Subsidized Employment Position (CMF);

Unemployed Individual Capable of Obtaining Employment (CMS);

Noncustodial Parents (CMN);

Pregnant Women (CMP); and

Minor Parents (CMM).